

NEW JERSEY JUVENILE JUSTICE COMMISSION

09ED:01.09A

CONFIDENTIAL**RECORDS REQUEST FORM**

(Revised: 09/01/16)

To provide the records you are requesting, we ask that you complete and return this form. Copies will be provided at 5 cents per page for letter size and 7 cents per page for legal size. There may be additional fees for delivery and postage depending upon delivery type. There is no charge if documents are sent by email.

Payment must be received prior to disclosing the information. You will be notified within seven (7) business days of receipt of the form whether access to the records has been granted or denied. If access is granted, you will also receive an invoice for the total amount due. If access is denied, you may file an appeal with the JJC Executive Director.

Juvenile's name: _____ Birth date (if known): _____

Juvenile Number: _____

Individual or agency
requesting records: _____ Date: _____

Address: _____

Telephone number: _____ Fax number: _____

Email: _____

Record Request Information: To expedite the request, be as specific as possible in describing the records being requested. Also, please include the type of access requested (copying, inspection, or examination), and if data, the medium requested.

Signature of Requestor: _____ Date: _____

Juvenile Justice Commission Use Only☐ Access has been approved☐ Access has been denied Reason for denial: _____

Name of Custodian: _____ Title: _____

Signature of Custodian: _____ Date: _____

Amount billed: _____ Date billed: _____

Date payment received: _____ Received by: _____